

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Form 990 header section including: A For the 2003 calendar year, or tax year beginning, and ending; B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Accounting method; G Website; H Organization type; I Check here; J Gross receipts; K Website; L Gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns: Description, Sub-column (a, b, c), Total, and Amount. Rows include Contributions, Program service revenue, Membership dues, Dividends, Gross rents, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Expenses, and Net Assets.

SCANNED DEC 15 2004

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	0			
26	Other salaries and wages	0			
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	0			
30	Professional fundraising fees	0			
31	Accounting fees	0			
32	Legal fees	0			
33	Supplies	0			
34	Telephone	0			
35	Postage and shipping	0			
36	Occupancy	0			
37	Equipment rental and maintenance	0			
38	Printing and publications	0			
39	Travel	0			
40	Conferences, conventions, and meetings	0			
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	0			
43	Other expenses not covered above (itemize): a	0			
	b	0			
	c	0			
	d	0			
	e	0			
	f	0			
44	Total functional expenses (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	0	0	0	0

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions)

What is the organization's primary exempt purpose? See attached schedule

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.
a	
	(Grants and allocations \$) None
b	
	(Grants and allocations \$)
c	
	(Grants and allocations \$)
d	
	(Grants and allocations \$)
e	Other program services (attach schedule) (Grants and allocations \$)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) 0

Part IV Balance Sheets (See page 25 of the instructions)

		(A)		(B)
		Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
Assets	45 Cash—non-interest-bearing	0	45	0
	46 Savings and temporary cash investments	0	46	0
	47 a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	47c	0
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	48c	0
	49 Grants receivable		49	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c	0
	52 Inventories for sale or use		52	0
	53 Prepaid expenses and deferred charges		53	0
	54 Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	0
	55 a Investments—land, buildings, and equipment basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	55c	0
	56 Investments—other (attach schedule)		56	0
	57 a Land, buildings, and equipment: basis	57a 0		
	b Less: accumulated depreciation (attach schedule)	57b 0	57c	0
	58 Other assets (describe <input type="checkbox"/>)		58	0
59 Total assets (add lines 45 through 58) (must equal line 74)		59	0	
Liabilities	60 Accounts payable and accrued expenses	0	60	0
	61 Grants payable	0	61	0
	62 Deferred revenue	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	0
	64 a Tax-exempt bond liabilities (attach schedule)		64a	0
	b Mortgages and other notes payable (attach schedule)		64b	0
	65 Other liabilities (describe <input type="checkbox"/>)		65	0
66 Total liabilities (add lines 60 through 65)		66	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	0	67	0
	68 Temporarily restricted	0	68	0
	69 Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	0	70	0
	71 Paid-in or capital surplus, or land, building, and equipment fund	0	71	0
	72 Retained earnings, endowment, accumulated income, or other funds	0	72	0
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		73	0	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		74	0	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions) N/A

a	Total revenue, gains, and other support per audited financial statements	a	
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		
(2)	Donated services and use of facilities . . . \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	\$		
	\$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	\$		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return N/A

a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 . . . \$		
(4)	Other (specify):		
	\$		
	\$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	0
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	\$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name See attached City schedule ST ZIP	Title Hr/WK	0	0	0
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
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Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions)

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and tax status.

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	0
105 Total (add line 104, columns (B), (D), and (E))					0

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.
 Signature of officer: *Larry Whobel*
 Type or print name and title: **President**

Paid Preparer's Use Only
 Preparer's signature: *Lydia Fitzhugh CPA*
 Date: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Ernst and Young, LLP
 233 South Wacker Drive, Chicago, IL**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2003

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

Employer identification number

Ravenswood Health Care Foundation

36-3196628

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Str nONE				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name Str nONE	Check here if a business <input type="checkbox"/>	
City ST		
ZIP Country		
Name	Check here if a business <input type="checkbox"/>	
Str		
City ST		
ZIP Country		
Name	Check here if a business <input type="checkbox"/>	
Str		
City ST		
ZIP Country		
Name	Check here if a business <input type="checkbox"/>	
Str		
City ST		
ZIP Country		
Name	Check here if a business <input type="checkbox"/>	
Str		
City ST		
ZIP Country		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____ City _____ ST _____ Country _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations. (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. N/A

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					0
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	0	0	0	0	0
24 Line 23 minus line 17	0	0	0	0	0
25 Enter 1% of line 23	0	0	0	0	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					0
d Add: Amounts from column (e) for lines: 18 0 19 0					0
22 0 26b 0					0
e Public support (line 26c minus line 26d total)					0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					0.00%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2002) (2001) (2000) (1999)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines: 15 0 16 0					0
17 0 20 0 21 0					0
d Add: Line 27a total and line 27b total					0
e Public support (line 27c total minus line 27d total)					0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/a		
		Yes	No	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group

Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		41	0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Ravenswood Health Care Foundation
FEIN Number 36-3196628
Form 990, Part III
Organization's Primary Exempt Purpose
12/31/2003

The primary exempt purpose of Ravenswood Health Care Foundation is to support, develop, and encourage community health and wellness programs through advising Advocate Northside regarding organizations which are providing services to the Ravenswood Community.

RAVENSWOOD HEALTH CARE FOUNDATION
FEIN 36-3196628

Form 990 Part V - List of Officers, Directors, Trustees and Key Employees

Advocate Health Care Network is the umbrella organization for several exempt and nonexempt organizations. Exempt entities include: Advocate Health and Hospitals Corporation; Advocate Home Health Care Services, Inc.; Meridian Hospice; Advocate Charitable Foundation; The Park Ridge Center, Parkside Development Corporation; Lutheran General Behavioral Health Corp. and Lutheran General Medical Group, S.C.; Advocate Northside Health Network; Illinois Masonic Community Health Plan Corporation and Hispano Care, Inc. Non exempt entities that fall under the Advocate Health Care Network umbrella include: Advocate Network Services, Inc.; Advocate Home Care Products, Inc.; High Technology, Inc.; Advocate Health Centers, Inc.; and Dreyer Clinic, Inc

Executive compensation at Advocate Health Care Network and Subsidiaries is based on a Board of Directors approved strategy that guides the corporation in establishing compensation opportunities for executives, managers, professionals and all employees. In this strategy, specific market comparisons are identified and the desired level of competitiveness in those markets specified. In addition, the linkage of executive pay to performance is articulated and how this relationship is to be maintained is outlined.

To support and implement the compensation strategy, five basic elements are utilized. These elements are:

- A solid, reliable and tested job evaluation methodology,
- Accurate, quality and relevant compensation survey information,
- A consistent annual process for updating the compensation levels,
- An active Board review process that assures compliance with the compensation strategy and on-going review of the performance of the organization, and
- Active, external review and auditing of compensation by external independent consultants

Column C of the US Form 990, Part V, which documents total compensation paid to certain individuals in 2003, breaks down executive compensation into two categories. It distinguishes regular compensation from the additional one-time amounts distributed in 2003. The chart highlights the following:

- Regular base compensation and incentive compensation
- Other - Represents certain one time nonrecurring payments (earned over a two year period) made due to retention payment agreed to at time of hire.

Column D – Advocate Health Care Network has purchased an excess benefit loss endorsement for its directors, officers and trustees liability insurance policy that provides liability insurance to organization managers of Advocate for the taxes imposed under Section 4958(a)(2). In accordance with Regulation § 53.4958-4 (a)(iv), Advocate is treating \$1,400, the portion of the total insurance premium allocable to the excess benefit loss endorsement, as compensation in the aggregate to such organization managers. In accordance with Regulation § 53.4958-4(c)(ii), Advocate is hereby establishing its intent to treat that portion of the premium as compensation for services by reporting the benefit on this Form 990. The value of the excess benefit loss endorsement is excludable from the gross income of the organization managers, because it qualifies as a working condition fringe benefit within the meaning of Section 132(a)(3) of the Code. See Reg. § 1.132-5(a)(1)(iii) and Reg. § 1.132-5(s)(4).

Ravenswood Health Care Foundation
 FEIN 36-3196628
 For the year ended December 31, 2003

Form 990, Part V, List of Officers, Directors and Trustees

(A)	(B)	(C)	(C)	(D)	(E)	
Name & Address	Title and Average Hours Per Week Devoted To Position	Base salary and incentive	Other	Total Compensation	Contribution to benefit plan	Expense account and other Allowances
Larry Wrobel Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	President 1 hour	\$0	\$0	\$0	\$0	\$0
Manon Sitkewicz Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Chairperson 1 hour	0	0	0	0	0
Marc Pittas Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Vice Chairperson 1 hour	0	0	0	0	0
Thomas E. McGough Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Secretary / Treasurer 1 hour	0	0	0	0	0
Alenjandro Aparicio, M D Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0	0	0
Jose Elizondo, M D Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0	0	0
James Hohner Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0	0	0
Michael Kerns Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0	0	0
Sarah Jane Knoy Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0	0	0
Rev. Bonnie Perry Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0	0	0
Kenneth Rojek Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0	0	0
Dr. Angelique Sellas Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Director 1 hour	0	0	0	0	0

Ravenswood Health Care Foundation
 FEIN 36-3196628
 For the year ended December 31, 2003

Form 990, Part V, Officers, Directors and Trustees Receiving
 Compensation From Related Organizations

(A)		(C)	(C)	(D)	(E)	
Name & Related Organization	Related Organization	Base salary and incentive	Other	Total Compensation	Contribution to benefit plan	Expense account and other Allowances
Larry Wrobel Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Advocate North Side Health Network EIN# 36-3196629	\$221,172	\$0	\$221,172	\$47,136	\$0
James Hohner Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Advocate Health and Hospitals Corporation EIN# 36-2169147	119,212	0	119,212	18,192	0
Michael Kerns Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Advocate Health and Hospitals Corporation EIN# 36-2169147	265,043	0	265,043	43,780	0
Kenneth Rojek Advocate North Side Health Network 2025 Windsor Drive Oak Brook, IL 60523	Advocate North Side Health Network EIN# 36-3196629	624,537	0	624,537	85,324	0
Kenneth Rojek Advocate Health Care 2025 Windsor Drive Oak Brook, IL 60523	Advocate Health and Hospitals Corporation EIN# 36-2169147	72,325	0	72,325	18,521	0

Ravenswood Health Care Foundation
FEIN: 36-3196628
For the period ended December 31, 2003

<u>Form 990, Part VI, List of Affiliated Organizations</u>	<u>Tax Status</u>
Advocate Chantable Foundation 2025 Windsor Drive Oak Brook, Illinois 60523	Tax-exempt
Advocate Health & Hospitals Corporation 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Advocate Health Centers, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Non - exempt
Advocate Health Care Network 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Advocate Health Partners 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt
Advocate Bethany Health Partners, Ltd. 3435 West Van Buren Chicago, Illinois 60624	Non-exempt
Advocate Christ Hospital Health Partners, Ltd. 4440 West 95th Street, 110 North Oak Lawn, Illinois 60453	Non - exempt
Advocate Good Samaritan Physician Hospital Organization, Ltd. 3815 Highland Avenue Downers Grove, Illinois 60515	Non - exempt
Advocate Good Shepherd Health Partners 450 West Highway 22 M081, Suite 16 Barrington, Illinois 60010	Non - exempt
Advocate Lutheran General Health Partners, Inc. 1661 Feehanville Drive Suite 200 Mt Prospect, Illinois 60056	Non - exempt
Advocate South Suburban Health Partners 17800 South Kedzie Hazel Crest, Illinois 60429	Non-exempt
Advocate Trinity Health Partners, Ltd. 2320 East 93rd Street Chicago, Illinois 60617	Non exempt

Ravenswood Health Care Foundation
 FEIN: 36-3196628
 For the period ended December 31, 2003

<u>Form 990, Part VI, List of Affiliated Organizations</u>	<u>Tax Status</u>
Advocate Home Care Products, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt
Advocate Home Health Care Services, Inc. 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Chicago North Ambulatory Surgery Center, L.L.C. 4211 N. Cicero Chicago, Illinois 60641	Non-exempt
Advocate North Side Health Network 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Dreyer Clinic, Inc 1877 W. Downer Place Aurora, IL 60506	Non-exempt
Dreyer/Mercy Amubulatory Surgery Center Partnership 1221 N Highland Avenue Aurora, Illinois 60506	Non-exempt
Evangelical Health Systems Benefit Trust 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Advocate Network Services 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt
High Technology, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Non - exempt
Lutheran General Behavioral Health Corporation 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Lutheran General Medical Group S C 1775 West Dempster Street Park Ridge, IL 60068	Tax - exempt
Lutheran General Neomedica Chronic Dialysis Center 8865 West Demoster Street Niles, Illinois 60714	Non-exempt

Ravenswood Health Care Foundation
FEIN: 36-3196628
For the period ended December 31, 2003

<u>Form 990, Part VI, List of Affiliated Organizations</u>	<u>Tax Status</u>
Meridian Hospice 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Naperville Surgical Centre, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Non - exempt
Parkside Center Condo Association 1775 West Dempster Street Park Ridge, Illinois 60068	Non - exempt
Parkside Development Corporation 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Advocate Health Care Insurance Corporation HSBC Insurance Management Midland Bank Trust Corp (Caymen), Ltd. P. O. Box 1109GT Mary Street, Grand Caymen Caymen Islands, B W.I	Non - exempt
The Park Ridge Center 676 North St. Clair Chicago, Illinois 60611	Tax - exempt
Ravenswood Hospital Medical Center General/Professional Liability Loss Fund 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Advocate Southwest Ambulatory Surgery Center, LLC 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt
Hispano Care, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Illinois Masonic Insurance Company, Inc. P O Box 2196, Grand Caymans, Cayman Islands British West Indies	Tax - exempt

Advocate North Side Health Network
FEIN: 36-3196629
For the period ended December 31, 2003

<u>Form 990, Part VI, List of Affiliated Organizations</u>	<u>Tax Status</u>
Advocate Charitable Foundation 2025 Windsor Drive Oak Brook, Illinois 60523	Tax-exempt
Advocate Health & Hospitals Corporation 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Advocate Health Centers, Inc 2025 Windsor Drive Oak Brook, Illinois 60523	Non - exempt
Advocate Health Care Network 2025 Windsor Drive Oak Brook, Illinois 60523	Tax - exempt
Advocate Health Partners 2025 Windsor Drive Oak Brook, Illinois 60523	Non-exempt
Advocate Bethany Health Partners, Ltd 3435 West Van Buren Chicago, Illinois 60624	Non-exempt
Advocate Christ Hospital Health Partners, Ltd 4440 West 95th Street, 110 North Oak Lawn, Illinois 60453	Non - exempt
Advocate Good Samaritan Physician Hospital Organization, Ltd 3815 Highland Avenue Downers Grove, Illinois 60515	Non - exempt
Advocate Good Shepherd Health Partners 450 West Highway 22 M081, Suite 16 Barrington, Illinois 60010	Non - exempt
Advocate Lutheran General Health Partners, Inc 1661 Feehanville Drive Suite 200 Mt Prospect, Illinois 60056	Non - exempt
Advocate South Suburban Health Partners 17800 South Kedzie Hazel Crest, Illinois 60429	Non-exempt
Advocate Trinity Health Partners, Ltd 2320 East 93rd Street Chicago, Illinois 60617	Non - exempt

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

PART I Automatic 3-Month Extension of Time-Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization Ravenswood Health Care Foundation	Employer identification number 36-3196628
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions 2025 Windsor Drive	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Oak Brook, Illinois 60523-1586	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 8/15/2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 2003 or

▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____ 0

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Larry Wrobel Title President Date 4/26/04

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

PART II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print	Name of Exempt Organization Ravenswood Health Care Foundation	Employer identification number 36-3196628
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions. 2025 Windsor Drive	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Oak Brook, Illinois 60523-1586	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/2004

5 For calendar year 2003, or other tax year beginning _____ and ending _____

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension We respectfully request an extension of time to file due to additional time needed to accumulate the information necessary to prepare a correct and accurate return and have our auditors review the return

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ 0

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

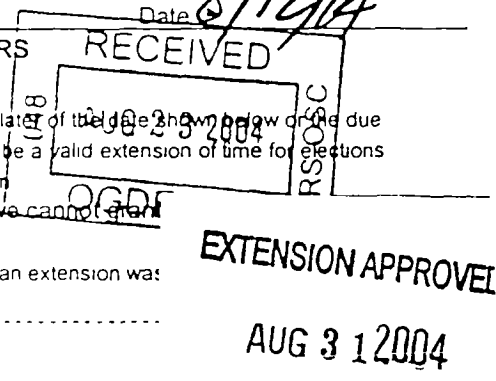
Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature: Larry Wrobel Title: President Date: 8/12/04

Notice to Applicant-To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was
- Other _____



By _____ Director

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month returned to an address different than the one entered above

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P O box number
	City or town, province or state, and country (including postal or ZIP code)